

## **Guidelines on re-entry to training in clinical anaesthesia for trainees following an absence from anaesthesia practice**

These guidelines are currently available as a support resource. A Regulation 37 change to mandate this process has been approved by the Education, Training and Assessment Executive Committee in February 2017 but will only take effect at a later date in conjunction with TPS changes as part of the Training Program Project.

### **1. Introduction**

Anaesthesia is a high acuity specialty that requires the ability to make rapid and accurate clinical assessments, often concurrently with time-critical management decisions as well as undertake a range of technical skills. Performance of tasks at optimal levels depends on recent clinical practice. Performance deteriorates when there is an interruption to clinical activities, at a rate which is related to a number of factors including duration of the interruption, duration of training prior to the interruption, whether training was full-time or not, and cognitive changes with ageing, injury or illness. There is a large degree of individual variation in the impact of these factors, thus re-entry to anaesthesia training must be tailored to each trainee's needs, ensuring appropriate supervision and monitoring in line with the overall training goal of independent specialist practice.

### **2. Purpose**

These guidelines are intended to advise trainees whose absence from training in clinical anaesthesia has been sufficient to warrant a formal re-entry to training in clinical anaesthesia process. Its purpose is to guide trainees and the supervisors assisting them in developing, monitoring and successfully completing a re-entry to anaesthesia training process. The overall aim is to ensure that returning anaesthesia trainees provide safe and up-to-date care. Each individual trainee anaesthetist has a responsibility to ensure that this is the case.

### **3. Scope**

This document applies to all ANZCA trainees regardless of whether they are undertaking a return to practice process that is mandated by a regulatory or other body, or returning to clinical anaesthesia practice without such regulatory oversight.

Re-entry to training programs may be mandated by jurisdictional authorities, employers, or institutions. In the absence of such a mandate, compliance with this guideline for any re-entry to training is compulsory.

Absence from training in clinical anaesthesia for 26 weeks or longer in basic training or 52 weeks or longer in advanced and provisional fellowship training necessitates a re-entry to training in clinical anaesthesia process. A regulatory authority may stipulate a shorter period in which case their timeframe takes precedence.

A trainee or supervisor of training can also initiate a re-entry to anaesthesia training process and, depending on individual circumstances, this may occur after an absence that is shorter than the mandated periods specified above.

Note that trainees should not complete after-hours work at other than level 1 supervision before the learning needs analysis has been completed and the results of this discussed with the supervisor of training.

#### 4. Background

Absences from training in clinical anaesthesia training occur for a variety of reasons including prolonged recreational leave, family commitments, practice in another area of medicine, practice overseas in a health service that is markedly different from that in Australia and New Zealand, or return from illness or injury.

It is acknowledged that re-entry into training in clinical anaesthesia may be a stressful period, and it is suggested that personal and/or professional support be sought. Re-entry to training in clinical anaesthesia can be facilitated by keeping in touch and regularly updating knowledge during periods of absence from training.

Where an absence has occurred as a result of a jurisdictional determination, such as suspension of registration, ANZCA may be requested by the jurisdictional authority to endorse the trainee's re-entry to training in clinical anaesthesia plan. In such cases, it is the jurisdictional authority, not ANZCA that gives final approval of the re-entry into training in clinical anaesthesia plan for the purposes of registration.

#### 5. Definitions

- 5.1. **Prolonged absence** – any absence from training in clinical anaesthesia for 26 weeks or longer in basic training or 52 weeks or longer in advanced and provisional fellowship training. Some trainees may require a re-entry into training in clinical anaesthesia process after shorter durations of absence.
- 5.2. **Supervision (ANZCA)** – Levels of supervision are those used in the ANZCA training program
- 5.3. **Supervision (Medical Board of Australia (MBA))** – Levels of supervision are those described in the MBA Guidelines: '*Supervised practice for limited registration*'<sup>1,2</sup>
- 5.4. **Supervisor of training** – A formally appointed ANZCA supervisory role responsible for overseeing the re-entry to anaesthesia training process, arranging any assessments and providing a report on the outcome of the re-entry to anaesthesia training process.
- 5.5. **Clinical anaesthesia time** – means the clinical anaesthesia component of the anaesthesia training program which is undertaken over five years (260 weeks) during supervised clinical placements within ANZCA-accredited departments and other training sites.

#### 6. Principles

- 6.1. The re-entry into training in clinical anaesthesia process should be based on the ANZCA roles in practice (see the ANZCA training program curriculum).

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<sup>1</sup> The ANZCA and MBA levels of supervision differ.

<sup>2</sup> The Medical Council of New Zealand (MCNZ) has not specified any definition for levels of supervision as applied to return to practice programmes.

- 6.2. A needs analysis should inform the re-entry into training in clinical anaesthesia process.
- 6.3. Significant concerns about clinical performance during the re-entry to training in clinical anaesthesia process should be managed in accordance with training program policies and procedures, and relevant regulatory requirements.
- 6.4. The program and associated processes should be underpinned by the principles of natural justice.<sup>3</sup>

## 7. Re-entry into training in clinical anaesthesia process outline

### Pre-leave planning and keeping in touch

Pre-leave planning allows trainees to make preliminary plans about managing their time during their absence, what to expect on return to training and what assistance will be available.

Interrupted training allows trainees to suspend their progression through the training program but remain as registered trainees. See section 11.5 of the ANZCA Training and Accreditation Handbook on how to apply prospectively for this leave.

Trainees are recommended to have a meeting with their supervisor of training prior to taking leave, and discuss options for keeping in touch during the interrupted leave (whether this will be with a supervisor of training, a mentor or another nominee). If applying for interrupted training, this meeting can also be used to discuss and complete the DPA Assessor Request form with the supervisor of training.

The College supports keeping in touch with trainees during extended leave and believe this is particularly important to prevent isolation while on leave and allows trainees to maintain contact with a peer group and department.

Trainees and supervisors of training should also note requirements of the relevant regulatory authorities (i.e. Medical Board of Australia or Medical Council of New Zealand).

### Returning to training

The total duration of a formal re-entry into training in clinical anaesthesia process will be determined by the learning needs analysis. The duration of the process and its components may be shortened or lengthened depending on the learning needs analysis and progress with the process.

A formal return to practice process endorsed by ANZCA must adhere to the following:

- 7.1. **Stage 1** - to be undertaken prior to commencement of or early in the re-entry to training in clinical anaesthesia period:
  - 7.1.1. Initiate clinical placement plan of the clinical placement review and complete a learning needs analysis to identify individual requirements in discussion with the supervisor of training, taking into account trainee's volume of practice (VoP) accruals, assessments and other relevant aspects of progress in training prior to the commencement of the period of absence from clinical anaesthesia practice and the proposed placement on re-entry

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<sup>3</sup> The principles of natural justice are described as the right to a fair hearing free from bias.

- 7.1.2. If the trainee is returning from an intensive care unit rotation of 26 weeks minimum duration in basic training or 52 weeks minimum duration in advanced and provisional fellowship training, they are required to complete a learning needs analysis. Based on the outcome of this analysis, the trainee may not require any further components of the re-entry to practice process.
- 7.2. **Stage 2** - to be undertaken on commencement:
  - 7.2.1. An initial period of level 1 supervision, the duration of which should be informed by the learning needs analysis, the duration of absence from practice, the nature of the placement on re-entry and the supervisor of training's discretion followed by;
  - 7.2.2. An assessment of ability to practice without level 1 supervision.
- 7.3. **Stage 3** – to be undertaken after successfully moving beyond level 1 supervision and prior to completion of the re-entry into anaesthesia training process:
  - 7.3.1. A period of oversight by the SOT or nominee; and
  - 7.3.2. Regular discussion with the supervisor of training. During the period of re-entry to training, the trainee should maintain their training portfolio system records, ensuring they are accurate, up-to-date and reflect the entirety of their caseload during the re-entry process.
- 7.4. **Stage 4** – at the satisfactory completion of the process, the supervisor of training will confirm that the trainee has satisfactorily completed the process in the interim clinical placement review.. If the supervisor of training is unable to confirm satisfactory completion of the re-entry to training in clinical anaesthesia process, the process should be extended until satisfactory completion can be confirmed or the trainee experiencing difficulty process (TDP) should be initiated. The re-entry to practice will count as training time consistent with the provisions of regulation 37.
- 7.5. Failure to complete the trainee re-entry to practice process in conjunction with the clinical placement plan, i.e. within 6-weeks of commencement of the clinical placement, will result in a borderline rating. Failure to resolve this situation by the next clinical placement review will result in the initiation of a TDP.

### **Related ANZCA documents**

Regulation 37 Training in Anaesthesia Leading to FANZCA, and Accreditation of Facilities to Deliver this Curriculum

ANZCA Handbook for Training and Accreditation

### **References**

1. Medical Board of Australia. Recency of Practice Registration Standard. July 2010 Available at <http://www.medicalboard.gov.au/Registration-Standards> Accessed September 9, 2016.
2. Medical Board of Australia. Plan for professional development and re-entry to practice. Available at <http://www.medicalboard.gov.au/Codes-Guidelines-Policies/FAQ.aspx> Accessed September 9, 2016.
3. Medical Council of New Zealand. Policy on doctors returning to medical practice after an absence from practice for three or more years. 2004. Available at <http://www.mcnz.org.nz/assets/Policies/Returning-to-practice-after-3-years.pdf> Accessed September 9, 2016.
4. Medical Council of New Zealand. Practice intentions. Form APC2 April 2014 Available at <https://www.mcnz.org.nz/assets/Forms/APC2-Practice-Intentions.pdf> Accessed September 9, 2016.